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Bib Data Sheet

CONFIRMATION NO. 8755

SERIAL NUMBER 10/650,530	FILING DATE 08/28/2003 RULE	CLASS 117	GROUP ART UNIT 1722	ATTORNEY DOCKET NO. 23681-014
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APPLICANTS

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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/19/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *FH*

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TITLE
 High-purity crystal growth

FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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